

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164827

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEEMailing Address 607 14th St NW
Ste 800

City	State	Zip Code
Washington	DC	20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164841

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164843

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

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